

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$1,230.00 for date of service, 03/09/01.
- b. The request was received on 02/08/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. HCFA 1500
 2. EOB(s)
 - b. Additional documentation requested on 06/11/02 and received on 06/17/02
 1. EOB(s)
 2. Request for reconsideration letters dated 06/02/01 & 06/04/01
 3. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/27/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/02/02. The response from the insurance carrier was received in the Division on 07/15/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
3. Notice of additional information submitted is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement
2. Respondent: The response was not timely and consequently not eligible for review.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/09/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$2,980.00 for services rendered on the date of service in dispute above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied as "Z – PREAUTHORIZATION REQUESTED BUT DENIED."
5. The Requestor has billed using modifier "50", which indicates the services were performed bilaterally.
6. Per the Requestor's Table of Disputed Services, the amount in dispute is \$1,230.00 for services rendered on the date of service in dispute above.
7. The Provider's request for reconsideration letter, dated 06/04/01, states "You have denied the above-mentioned date of service for several reasons. The first one was regarding no precert. This would be incorrect, because we called Denise and she authorized Reasonable and Necessary. The other reason would be for medical necessity and needing notes to authorize the EMG/NCS."

V. RATIONALE

Medical Review Division's rationale:

The Requestor has submitted HCFA 1500s and medical documentation to show services performed as, motor nerve conduction studies, sensory nerve conduction studies, needle electromyogram and "H" or "F" reflex study. Carrier denied these services as, "Z – PREAUTHORIZATION REQUESTED BUT DENIED". Pursuant to TWCC Rule 134.600 (h) (6), repeat diagnostic studies with a fee greater than \$350.00 or DOP must be preauthorized. The Requestor alleges they received a verbal preauthorization approval from the Carrier's representative; however, the Requestor did not submit hard copy of this preauthorization in their dispute packet. No reimbursement is recommended.

The above Findings and Decision are hereby issued this 2nd day of October 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt